

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598193

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
1	/				
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TOTAL IND.	1	↓		↓	↓
TOTAL DEP.	4	←	←	←	←
TOTAL CLAIMS	5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
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100					
TOTAL IND.		↓		↓	
TOTAL DEP.		←		←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]